

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 2 3

2. STATE:

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2000

SEE REMARKS

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447.300

7. FEDERAL BUDGET IMPACT:

a. FFY 1999-2000 \$ 2.5mb. FFY 2000-2001 \$ 5.0m

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Page 3J-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

No Previous Page

SEE REMARKS

10. SUBJECT OF AMENDMENT:

Rates of Payment for Non-COPs Providers

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Antonia C. Novello, M.D., M.P.H., Dr. P.H.

14. TITLE:

Commissioner

15. DATE SUBMITTED:

June 30, 2000

16. RETURN TO:

New York State Department of HealthCorning TowerEmpire State PlazaAlbany, New York 12237

Type of ServiceMethod of Reimbursement

Clinic Treatment for Adults, Clinic
Treatment for Children, Clinic
and Continuing Day Treatment Programs

Effective April 1, 2000, OMH will increase the fees paid to certain not-for-profit outpatient and non-residential programs which are not eligible for reimbursement as comprehensive outpatient programs under the regulations of the Office of Mental Health; and will also increase fees for programs which are designated as comprehensive outpatient programs but absent such fee increase would not be reimbursed at a rate equivalent to the non-comprehensive programs. In return for these fee increases, the non-comprehensive programs will be required to perform additional case management functions, must agree to provide emergency response services for cases deemed "critical", participate in conjunction with other mental health providers in the local planning process set forth in State laws and regulations and provide other additional services as required by OMH. In no instance will these programs be required to perform services greater than those performed by programs designated as comprehensive outpatient programs.

TN 00-23 Approval Date SEP 12 2000
Supersedes TN New Effective Date APR 1 - 2000